04-20-10 IAP19 Rec'd PCT/PTO 19 APR 2010

۱-	Approved for use through 07/31/2012. OMB 0031-0031
/	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
P	aperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Attorney Docket Number

TRANSMITTAL FORM

Application Number 10/585,656 Filing Date December 27, 2007 First Named Inventor Xiaoqin Duan Art Unit 2617 Examiner Name Q. Shen

9896-000086/US

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)							
X Fee Transr	mittal Form	x Drawing(s)		After Allowance Communication to TC			
Fee /	Attached ·	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
X Amendmer	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After	Final	Petition to Convert to a Provisional Application		Proprietary Information			
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence		Status Letter			
Extension	of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):			
Express At	pandonment Request	Request for Refund		Return Receipt Postcard			
Information	Disclosure Statement	ÇD, Number of CD(s)					
Certified Control Document(opy of Priority (s)	Landscape Table on CD					
	issing Parts/ Application	Remarks					
	y to Missing Parts under FR 1.52 or 1.53						
<i>,</i> ,				•			
	SIGNATI	URE OF APPLICANT, ATTOR	RNEY, OR	AGENT			
Firm Name	HARNESS, DICKEY & PIERCE, P.L.C.						
Signature /Joseph M. Lafata/							
Printed name	Joseph M. Lafata						
Date	April 19, 2010		Reg. No.	37,166			

15445660.1

EM 183 868 647 US

Express Mail Label No. EM 183 868 647 US (4/19/2010)	Dated: April 19, 2010	

.077	eduction Act of 1995	, no person are requi	ired to respo	and to a collection	on of informa	tion unless it displa		control num	
Effective on 12/08/2004. Les pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known Application Number 10/585,656					
For FY 2009							2007		
				First Named Inventor Xi		Xiaoqin Duar	December 27, 2007		
						Q. Shen			
Applicant claims small entity status. See 37 CFR 1.27						2617			
TOTAL AMOUNT OF PAY		(\$) 104.00		Altonic		9896-000086/US			
METHOD OF PAYM									
			None	Other (nlence identi	60:	·· · - ·		
		Ioney Order er: 08-07	None		please identi	_{e:} Harness, D	ickev & Pierc	e PIC	
	Deposit Account Numb			_				<u> </u>	
		account, the Direc	ctor is her					- filim m for	
x Charge fee	e(s) indicated bel	OW		Charge	e tee(s) in	dicated below,	except for the	e tiling te	
1 7 1	y additional fee(ser 37 CFR 1.16 a	s) or underpayme and 1.17	ents of	x Credit	any overp	payments			
FEE CALCULATION									
I. BASIC FILING, SEAF		INATION FEES							
		G FEES		HFEES	EXAMI	NATION FEE	_		
Application Type	Fee (\$)	Small Entity Fee (\$) F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70	 	-	
Plant	220	110	330	165	170	85	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEE	S						_	Small Ent	
ee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (inc	•						52 220	26	
Each independent claim	•	ig Keissues)					220 390	110 195	
Multiple dependent clai		Ecc /61	Ess D	ioo Daid (\$) Mu		Aultinle Denon	390 193 ultiple Dependent Claims		
Total Claims 24 - 22 or HP	Extra Claims 2 ×	Fee (\$) =		ee Paid (\$) 104.00		ee (\$)	Fee Paid (\$)		
HP = highest number of tota	X		102		<u></u>	7AY	. 00 . u.u. (V)	•	
-	Extra Claims		Fee P	aid (\$)				-	
2 - 6 or HP =		=							
HP = highest number of inde		for, if greater than 3							
B. APPLICATION SIZE	FEE		,	, ,,		91 ₋ 3			
If the specification and listings under 37 Cl	l drawings excee	ed 100 sheets of panelication size f	oaper (exc fee due is	luding electr \$270 (\$135 f	onically i	ned sequence (entity) for each	or computer additional 50		
sheets or fraction th	nereof. See 35 U	J.S.C. 41(a)(1)(G	and 37 (CFR 1.16(s).		,,			
Total Sheets	Extra Sheets		each additi	onal 50 or frac	ction there		Fee P	aid (\$)	
		/50 =	(rou	ind up to a who	ole number)	x		Daid (#)	
4. OTHER FEE(S)	entiam #120 f	a (na amali aasis	u dianame)			<u>rees l</u>	Paid (\$)	
Non-English Specifi		e (no sman entity	y aiscount	,					
Other (e.g., late filin	g surcnarge):					·			
SUBMITTED BY	h 14 1 - C		Red	istration No.	27 466	Tolonhono	(2/8) 6/4	_1222	
gnature /Joseph M. Lafata/			(Attorney/Agent) 37,166			(248) 641			
• • • • • • • • • • • • • • • • • • •						Date	April 19,	*) [] A [] [

Express Mail Label No. EM 183 868 647 US (4/19/2010) Dated: April 19, 2010